

 <p style="text-align: center;">DIVISION OF ADULT INSTITUTIONS</p> <p style="text-align: center;">POLICY AND PROCEDURES</p>	DAI Policy #: 500.10.01	Page 1 of 3
	Original Effective Date: 01/16/98; 03/01/01	New Effective Date: 08/31/20
	Supersedes: 500.10.01	Dated: 04/01/18
	Administrator's Approval: Makda Fessahaye, Administrator	
	Required Posting or Restricted:	
<input checked="" type="checkbox"/> Inmate <input checked="" type="checkbox"/> All Staff <input type="checkbox"/> Restricted		
Chapter: 500 Health Services		
Subject: Medical Autonomy		

POLICY

All Division of Adult Institution facilities shall ensure clinical decisions and actions regarding health care provided to patients to meet their serious medical needs are made for medical purposes and are the sole responsibility of qualified health care professionals.

REFERENCES

Standards for Health Services in Prisons – National Commission on Correctional Health Care, 2018– P-A-03 Medical Autonomy
Wisconsin Statutes s. 302.38 – Medical Care of Prisoner

DEFINITIONS, ACRONYMS AND FORMS

BHS – Bureau of Health Services

Custody staff – Includes line security as well as correctional administration.

DOC – Department of Corrections

Health Care – The sum of all actions, preventative and therapeutic, taken for the physical and mental well-being of a population. Among other aspects, health care includes medical, dental, mental health and dietetic services and environmental conditions.

Health Care Staff – All qualified health care professionals, administrative and the support staff are directly supervised by BHS or the Responsible Health Authority (RHA).

Qualified Health Care Professional – Physicians, Psychiatrists, Dentists, Psychologists, Nurses, Nurse Practitioners, Physical Therapists, Psychiatric Social Workers and others who by virtue of their education, credentials and experience are permitted by law and licensure to evaluate and care for patients.

PROCEDURE**I. Professional Autonomy**

- A. Qualified health care professionals shall have the autonomy to make clinical decisions regarding medically necessary health care provided to patients.

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- B. Designated responsible staff, at both the facility and BHS level, is the final authority in decisions concerning the medical, dental and mental health needs of patients.
- C. Clinical decisions and their implementation are completed in an effective and safe manner, and in accordance with State regulations, DAI/BHS policies, protocols and professional standards.
- D. Administrative decisions such as utilization review are coordinated, if necessary, with the clinical needs so that patient care is not jeopardized.
- E. Custody staff and other personnel support the implementation of clinical decisions.
- F. The delivery and implementation of health care is a joint effort of health care and custody staff. Collaboration between disciplines is encouraged to ensure the health and safety of the patient population.
- G. Issues and problems that arise related to medical autonomy shall be addressed at the facility level when possible. Unresolved issues or those broader in scope shall be addressed at the BHS level.
- H. Policy review and/or continuous quality improvement shall be utilized in addressing issues or problems which are perceived to impact professional and legal responsibilities or medical autonomy.
- I. Health care staff is subject to the same security regulations as other facility employees.

Bureau of Health Services: Michael Rivers **Date Signed:** 8/31/20
Michael Rivers, Director of Nursing Administration

Paul Bekx **Date Signed:** 8/31/20
Paul Bekx, MD, Medical Director

Mary Muse **Date Signed:** 8/27/20
Mary Muse, Nursing Director

Administrator's Approval:  **Date Signed:** 08/31/20
Makda Fessahaye, Administrator

DIVISION OF ADULT INSTITUTIONS FACILITY IMPLEMENTATION PROCEDURES

Facility: Name		
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Chapter: 500 Health Services		
Subject: Medical Autonomy		
Will Implement <input type="checkbox"/> As written <input type="checkbox"/> With below procedures for facility implementation		
Warden's/Center Superintendent's Approval:		

REFERENCES

DEFINITIONS, ACRONYMS AND FORMS

FACILITY PROCEDURE

II.

- A.
- B.
 - 1.
 - 2.
 - a.
 - b.
 - c.
 - 3.
- C.

III.

IV.

RESPONSIBILITY

I. Staff

II. Inmate

III. Other